

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005553 (3)

1. Corporation Name

ARIELLE TEPPER CHARITABLE FOUNDATION, INC.



Principal Place of Business

11 CHANNEL CAY ROAD
KEY LARGO FL 33037

Mailing Address

C/O ALLAN R. LEVINE, C.P.A.
21 EAST 40TH STREET, SUITE 1705
NEW YORK NY 10016

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 16A Anchor Drive

Suite, Apt. #, etc.

22 Fisherman's Cove

City & State

23 Key Largo, FL

Zip

24 33037

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0454051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Arielle Tepper

President

DATE

5/10/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TEPPER, ARIELLE
400 EAST 70TH STREET, APT. 1206
NEW YORK NY 10021

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
TEPPER, MARTIN B
845 FIFTH AVENUE, SUITE 900
NEW YORK NY 10022

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LEVIN, ADAM
1501 BROADWAY, SUITE 407
NEW YORK NY 10036

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
GRUNSTEIN, LEONARD
2 PARK AVENUE, SUITE 2100
NEW YORK NY 10016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 212-319-7010

CR2E037 (12/95)